

# HOUSE BILL No. 1401

---

## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 35-43-5-7.1.

**Synopsis:** Medicaid fraud. Expands the crime of Medicaid fraud to include knowingly or intentionally making, uttering, presenting, or causing to be presented a Medicaid claim that is false, incomplete, or misleading.

**Effective:** July 1, 2015.

---

---

## Washburne

---

---

January 14, 2015, read first time and referred to Committee on Courts and Criminal Code.

---

---



First Regular Session of the 119th General Assembly (2015)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

## HOUSE BILL No. 1401

---

A BILL FOR AN ACT to amend the Indiana Code concerning criminal law and procedure.

*Be it enacted by the General Assembly of the State of Indiana:*

- 1       SECTION 1. IC 35-43-5-7.1, AS AMENDED BY P.L.158-2013,  
2       SECTION 480, IS AMENDED TO READ AS FOLLOWS  
3       [EFFECTIVE JULY 1, 2015]: Sec. 7.1. (a) Except as provided in  
4       subsection (b), a person who knowingly or intentionally:  
5       (1) ~~files a Medicaid claim; including an electronic claim; in~~  
6       ~~violation of IC 12-15;~~ **makes, utters, presents, or causes to be**  
7       **presented directly or indirectly to the Medicaid program a**  
8       **Medicaid claim that contains false, incomplete, or misleading**  
9       **information concerning the claim;**  
10      (2) obtains payment from the Medicaid program under IC 12-15  
11      by means of a false or misleading oral or written statement or  
12      other fraudulent means;  
13      (3) acquires a provider number under the Medicaid program  
14      except as authorized by law;  
15      (4) alters with the intent to defraud or falsifies documents or



1 records of a provider (as defined in 42 CFR 1000.30) that are  
2 required to be kept under the Medicaid program; or  
3 (5) conceals information for the purpose of applying for or  
4 receiving unauthorized payments from the Medicaid program;  
5 commits Medicaid fraud, a Class A misdemeanor.  
6 (b) The offense described in subsection (a) is:  
7 (1) a Level 6 felony if the fair market value of the offense is at  
8 least seven hundred fifty dollars (\$750) and less than fifty  
9 thousand dollars (\$50,000); and  
10 (2) a Level 5 felony if the fair market value of the offense is at  
11 least fifty thousand dollars (\$50,000).

